

| PATENT APPLICATION FEE DETERMINATION RECORD   |                                  |                                    |                | Application or Docket Number<br>10/057779 |                  |
|---|----------------------------------|------------------------------------|----------------|---|------------------|
| Effective October 1, 2003   |                                  |                                    |                |   |                  |
| CLAIMS AS FILED - PART I  |                                  |                                    |                |   |                  |
| (Column 1)  |                                  | (Column 2)                         |                |   |                  |
| TOTAL CLAIMS  |                                  |                                    |                |   |                  |
| FOR   |                                  | NUMBER FILED                       | NUMBER EXTRA   |   |                  |
| TOTAL CHARGEABLE CLAIMS   |                                  | minus 20 =                         |                |   |                  |
| INDEPENDENT CLAIMS  |                                  | minus 3 =                          |                |   |                  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                                  |                                    |                | <input type="checkbox"/>                  |                  |
| * If the difference in column 3 is less than zero, enter '0' in column 2  |                                  |                                    |                |   |                  |
| CLAIMS AS AMENDED - PART II   |                                  |                                    |                |   |                  |
| (Column 1)  |                                  | (Column 2)                         |                | (Column 3)                                |                  |
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA  |   |                  |
|   | Total                            | 16                                 | Minus          | 20  |                  |
| Independent   | 5                                | Minus                              | 5              |   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                  |                                    |                | <input type="checkbox"/>                  |                  |
| SMALL ENTITY TYPE OTHER THAN SMALL ENTITY   |                                  |                                    |                |   |                  |
|   |                                  | RATE                               | FEES           | RATE                                      | FEES             |
|   |                                  | BASIC FEE                          | 385.00         | OR  | BASIC FEE 770.00 |
|   |                                  | XS 9=                              |                | OR  | XS18=            |
|   |                                  | X43=                               |                | OR  | X86=             |
|   |                                  | +145=                              |                | OR  | +290=            |
|   |                                  | TOTAL                              |                | OR  | TOTAL            |
| OTHER THAN SMALL ENTITY   |                                  |                                    |                |   |                  |
|   |                                  | RATE                               | ADDITIONAL FEE | RATE                                      | ADDITIONAL FEE   |
|   |                                  | XS 9=                              |                | OR  | XS18=            |
|   |                                  | X43=                               |                | OR  | X86=             |
|   |                                  | +145=                              |                | OR  | +290=            |
|   |                                  | TOTAL ADDT. FEE                    |                | OR  | TOTAL ADDT. FEE  |
| (Column 1)  |                                  |                                    |                | (Column 2)                                | (Column 3)       |
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA  |   |                  |
|   | Total                            | 13                                 | Minus          | 20  |                  |
| Independent   | 6                                | Minus                              | 5              | = 1                                       |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                  |                                    |                | <input type="checkbox"/>                  |                  |
| SMALL ENTITY TYPE OTHER THAN SMALL ENTITY   |                                  |                                    |                |   |                  |
|   |                                  | RATE                               | ADDITIONAL FEE | RATE                                      | ADDITIONAL FEE   |
|   |                                  | XS 9=                              |                | OR  | XS18=            |
|   |                                  | X43=                               |                | OR  | X86=             |
|   |                                  | +145=                              |                | OR  | +290=            |
|   |                                  | TOTAL ADDT. FEE                    |                | OR  | TOTAL ADDT. FEE  |
| (Column 1)  |                                  |                                    |                | (Column 2)                                | (Column 3)       |
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA  |   |                  |
|   | Total                            | 13                                 | Minus          | 1   |                  |
| Independent   | 6                                | Minus                              | 1              | = 1                                       |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                  |                                    |                | <input type="checkbox"/>                  |                  |
| * If the entry in column 1 is less than the entry in column 2, write '0' in column 3.   |                                  |                                    |                |   |                  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                  |                                    |                |   |                  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  |                                  |                                    |                |   |                  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |                                    |                |   |                  |